



## PRESS RELEASE

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### **Insurer Responds to HIV Discrimination Complaint by Lowering Patient Costs for Drugs**

***Removes All HIV Drugs, Including Generics, from Highest Tiers***

Washington DC & Raleigh, North Carolina... Months after the [HIV+Hepatitis Policy Institute](#) and the [North Carolina AIDS Action Network](#) filed [discrimination complaints](#) against Blue Cross and Blue Shield of North Carolina for placing almost all HIV drugs on the highest drug tiers, the insurer has released a [new mid-year drug formulary](#) that leaves not a single HIV drug on the highest and most costly drug tiers. Instead of 48 HIV drugs, including many generics, on Tiers 5 and 6, there are now none. As a result, depending on the plan, patients will be paying more reasonable and affordable costs.

As part of the change, the insurer also moved 19 generic HIV drugs that were on Tiers 4, 5, and 6, to Tier 2, which is the proper tier for generics, and removed “quantity limits” that were previously imposed on all HIV medications.

“While pleased to see this dramatic turnaround by the insurer, blatant discriminatory plan design and violation of the ACA’s patient protections should not happen in the first place,” said **Carl Schmid, executive director** of the **HIV+Hepatitis Policy Institute**. “Insurers seem to try to get away with as much as they can until they are caught. For insurance to work for patients, we need better federal and state regulation, oversight, and enforcement. A drug formulary with adverse tiering should never be approved. As insurers across the country are now submitting their plans for 2024, consumers must be assured that drug formularies are being carefully reviewed to protect all beneficiaries, not just those living with HIV.”

“This move is certainly a victory for people living with HIV in North Carolina and will make HIV drugs more affordable and accessible,” said **Veleria Levy, executive director** of the **North Carolina AIDS Action Network**. “Our people already face stigma and other barriers to care and treatment. While we are disappointed that it took a formal discrimination

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complaint and this practice went on for years, we are pleased to see that the ACA patient protections work, and people are protected from discriminatory insurance company practices. North Carolina BCBS still has plans that charge beneficiaries 50 percent cost-sharing for all but Tier 1 drugs, so it is important for people to select the plan that best meets their needs to take advantage of these plan changes.”

The two HIV organizations that filed the complaints with the [North Carolina Department of Insurance](#) and the [Office of Civil Rights at the U.S. Department of Health and Human Services](#) have not received any formal communication from either entity that they have acted or closed the complaints, and it is not known if NC Blue Cross Blue Shield was fined or forced to make these changes.

Making HIV drugs more affordable and accessible in the state will also help address health inequities. While Black people represent 22 percent of the population of North Carolina, they represent 58 percent of all new HIV diagnoses in the state.

North Carolina Blue Cross Blue Shield is the largest insurer in the state.

To review the new formulary for HIV drugs compared with the previous formulary click [here](#).

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The **HIV+Hepatitis Policy Institute** is a national, non-profit organization whose mission is to promote quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other serious and chronic health conditions.

The **North Carolina AIDS Action Network** improves the lives of people living with HIV & AIDS and affected communities through outreach and public education, policy advocacy, and community-building to increase visibility and mutual support of people living with HIV & AIDS throughout our state.